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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		09/502,133-Conf. #4787	
	Filing Date		February 11, 2000	
	First Named Inventor		Harold E. HELSON	
	Title	ENHANCING STRUCTURE DIAGRAM GENERATION		
	Art Unit		2128	
	Examiner Name		H. M. Jones	
Attorney Docket No:		0103544.00131US2		

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 23483

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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City	State	Zip	
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Date	July 29, 2008
Name	Telephone	617-588-9150
Title and Company		
VP Administration & Treasurer CambridgeSoft Corporation		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.